2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004829

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip:

Address:

City-St-Zip:

MOCK, ASHLEY

PERRY, FL 32348

BENTON, SHERRILL

PERRY, FL 32348

JENKINS, ALLEN

10431 TRAM ROAD

TALLAHASSEE, FL 32311

12680 WARRIOR CREEK ROAD

() Delete

() Delete

11270 SHORTY BENTON ROAD

Entity Name: SANDHILL HUNT CLUB, INC.

FILED Aug 27, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
1680 FOXHUNTER GRADE PERRY, FL 32347 US	1680 FOXHUNTER GRADE PERRY, FL 32348 US
Current Mailing Address:	New Mailing Address:
P.O BOX 1405 PERRY, FL 32348 US	
FEI Number: 59-3271052 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
JEFF, ASHER 1680 FOXHUNTER GRADE PERRY, FL 32347 US	ASHLEY, MOCK 12680 WARRIOR CREEK RD PERRY, FL 32348 US
The above named entity submits this statement for the purpose in the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE: ASHLEY MOCK	08/27/2008
Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: D () Delete Name: SWAIN, ROBERT Address: 4051 U.S. 19 SOUTH City-St-Zip: PERRY, FL 32348	Title: D (X) Change () Addition Name: MARTIN, SEWELL Address: PO BOX 1405 City-St-Zip: PERRY, FL 32348
Title: D () Delete Name: LINTON, MAURICE S Address: 5421 POLITIC RD City-St-Zip: PERRY, FL 32348	Title: () Change () Addition Name: Address: City-St-Zip:
Title: DT () Delete Name: ASHER, JEFF Address: 1680 FOXHUNTER GR City-St-Zip: PERRY, FL 32348	Title: () Change () Addition Name: Address: City-St-Zip:
Title: DP () Delete	Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: ASHLEY MOCK TRES 08/27/2008

(X) Change () Addition

() Change () Addition

TYLER, PUTNAL

PERRY, FL 32348

PO BOX 1405